TOM BEAN MUNICIPAL COURT REQUEST FOR EXTENTION OF TIME TO PAY

You are required to legibly complete this form. **DO NOT LEAVE ANY BLANKS. DO NOT REPEAT PHONE NUMBERS FOR REFERENCES.** Failure to properly complete this form may result in your balance being payable and due immediately or you may be directed back to court at once.

DEFENDENTS INFORMATION

(Last, First, Middle) Nickname, Maiden Name, AKA: Date of Birth: Date of Date of Birth: Date of Date of Birth: Date of Date of Date of Birth: Date of Date o	Name:			
Nickname, Maiden Name, AKA: Date of Birth:	(Last, First, Middle)			
Date of Birth:	Nickname, Maiden Name, AKA:			
Driver's License: State: Social Security: Height: Eye Color: Hair: Marital Status (circle one): Married Single Divorced Widowed No. Of Dependents: SPOUSE INFORMATION Name: (Last, First, Middle) Nickname, Maiden Name, AKA: Address: Previous Address: Previous Address: Home Number: Cell Number: Age: Sex: Race: Driver's License: State: Social Security: Hair: FAMILY INFORMATION Nearest Relative: (Other than spouse) Address: Previous P	Date of Birth:	Age:	Sex: _	Race:
Height: Weight: Eye Color: Hair: Marital Status (circle one): Married Single Divorced Widowed No. Of Dependents:	Driver's License:	State:	Social S	Security:
Marital Status (circle one): Married Single Divorced Widowed No. Of Dependents:	Height: Weight:		Eye Color:	Hair:
Name: (Last, First, Middle) Nickname, Maiden Name, AKA: Address: Previous Address: Home Number: Date of Birth: Defence: State: Social Security: Hair: FAMILY INFORMATION Nearest Relative: (Other than spouse) Address: Previous Address: Home Number: Cell Number: Alternate Number: EMPLOYMENT INFORMATION DEFENDANT: Employer's name: Supervisor's Name: Physical Address: Work Number & Extension Position: Pay Schedule: (circle one) weekly biweekly monthly Pay rate: SPOUSE: Employer's name: Supervisor's Name: Physical Address: Mailing	Marital Status (circle one): Married	Single Div	orced Widowed	No. Of Dependents:
Name: (Last, First, Middle) Nickname, Maiden Name, AKA: Address: Previous Address: Home Number: Date of Birth: Defence: State: Social Security: Hair: FAMILY INFORMATION Nearest Relative: (Other than spouse) Address: Previous Address: Home Number: Cell Number: Alternate Number: EMPLOYMENT INFORMATION DEFENDANT: Employer's name: Supervisor's Name: Physical Address: Work Number & Extension Position: Pay Schedule: (circle one) weekly biweekly monthly Pay rate: SPOUSE: Employer's name: Supervisor's Name: Physical Address: Mailing				
(Last, First, Middle) Nickname, Maiden Name, AKA: Address: Previous Address: Home Number:Cell Number:Alternate Number: Date of Birth:Age:Sex:Race:Driver's License:State:Social Security:Height:EMILY INFORMATION Nearest Relative: (Other than spouse)Address: Previous Address: Home Number:Cell Number:Alternate Number:		SPOUSE	<u>INFORMATION</u>	
Nickname, Maiden Name, AKA: Address: Previous Address: Home Number: Cell Number: Alternate Number: Date of Birth: Age: Sex: Race: Driver's License: State: Social Security: Height: Weight: Eye Color: Hair: FAMILY INFORMATION Nearest Relative: (Other than spouse) Address: Previous Address: Home Number: Cell Number: Alternate Number: EMPLOYMENT INFORMATION DEFENDANT: Alternate Number: Alternate Number: EMPLOYMENT INFORMATION DEFENDANT: Alternate Number: Alternate Number: EMPLOYMENT INFORMATION DEFENDANT: Alternate Number: Alternate Number:				
Address: Previous Address: Home Number:				
Home Number: Cell Number: Alternate Number: Date of Birth: Age: Sex: Race: Driver's License: State: Social Security: Height: Yeight: Eye Color: Hair: Hair: Alternate Number: Hair: Hair: Alternate Number: Hair:	Nickname, Maiden Name, AKA:			
Home Number:	Address:			
Date of Birth:	Previous Address:			
Date of Birth:	Home Number:	`ell Number		Alternate Number
Driver's License:State:Social Security:Height: Eye Color: Hair:	Date of Rirth:	Aue.	Sav	
Height: Weight: Eye Color: Hair:	Driver's License:	/\ge	Social 9	
FAMILY INFORMATION	Height: Weight:	Olalo	Godal C	Hair [.]
Nearest Relative: (Other than spouse) Address: Previous Address: Home Number:	Troigitt.		Lyc Oolor	
Nearest Relative: (Other than spouse) Address: Previous Address: Home Number: Cell Number: Alternate Number:		FAMILYI	NFORMATION	
Address: Previous Address: Home Number:Cell Number:Alternate Number: EMPLOYMENT INFORMATION DEFENDANT: Employer's name:	Nearest Relative: (Other than should			
Previous Address: Home Number:				
Home Number:				
EMPLOYMENT INFORMATION DEFENDANT: Employer's name:	1 1011040 / 14410001			
EMPLOYMENT INFORMATION DEFENDANT: Employer's name:	Home Number: C	Cell Number:		Alternate Number:
DEFENDANT: Employer's name: Supervisor's Name: Physical Address: Mailing Address: Work Number & Extension Position: Years Employed: Next Pay Date Pay Schedule: (circle one) weekly biweekly monthly Pay rate: SPOUSE: Employer's name: Supervisor's Name: Physical Address: Mailing Address: Work Number & Extension Position: Years Employed: Next Pay Date				
DEFENDANT: Employer's name: Supervisor's Name: Physical Address: Mailing Address: Work Number & Extension Position: Years Employed: Next Pay Date Pay Schedule: (circle one) weekly biweekly monthly Pay rate: SPOUSE: Employer's name: Supervisor's Name: Physical Address: Mailing Address: Work Number & Extension Position: Years Employed: Next Pay Date		EMPLOYMEI	NT INFORMATION	1
Employer's name: Supervisor's Name: Physical Address: Mailing Address: Work Number & Extension Position: Pay Schedule: (circle one) weekly biweekly monthly Pay rate: SPOUSE: Employer's name: Supervisor's Name: Physical Address: Mailing Address: Work Number & Extension Position: Years Employed: Next Pay Date Next Pay Date				_
Supervisor's Name: Physical Address: Mailing Address: Work Number & Extension Position: Pay Schedule: (circle one) weekly biweekly monthly Pay rate: SPOUSE: Employer's name: Supervisor's Name: Physical Address: Work Number & Extension Position: Years Employed: Next Pay Date Next Pay Date				
Physical Address:	Supervisor's Name:			
Mailing Address:	Physical Address:			
Work Number & Extension Years Employed: Next Pay Date Pay Schedule: (circle one) weekly biweekly monthly Pay rate: SPOUSE: Employer's name: Supervisor's Name: Physical Address: Work Number & Extension Position: Years Employed: Next Pay Date	Mailing Address:			
Position: Years Employed: Next Pay Date Pay Schedule: (circle one) weekly biweekly monthly Pay rate: SPOUSE: Employer's name: Supervisor's Name: Physical Address: Mailing Address: Work Number & Extension Position: Years Employed: Next Pay Date	Work Number & Extension			
Pay Schedule: (circle one) weekly biweekly monthly Pay rate:	Position: Y	ears Employ	ed:	Next Pay Date
SPOUSE: Employer's name: Supervisor's Name: Physical Address: Mailing Address: Work Number & Extension Position: Years Employed: Next Pay Date	Pay Schedule: (circle one) weekly	biweek	ly monthly	Pay rate:
Employer's name: Supervisor's Name: Physical Address: Mailing Address: Work Number & Extension Position: Years Employed: Next Pay Date	, (,,	,
Employer's name: Supervisor's Name: Physical Address: Mailing Address: Work Number & Extension Position: Years Employed: Next Pay Date	SPOUSE:			
Physical Address: Mailing Address: Work Number & Extension Position: Years Employed: Next Pay Date				
Physical Address:	Supervisor's Name:			
Mailing Address:	Physical Address:			
Position: Next Pay Date	Mailing Address:			
Position: Years Employed: Next Pay Date	Work Number & Extension			
	Position: Y	ears Employ	ed:	Next Pay Date
Pay Schedule: (circle one) weekly biweekly monthly Pay rate:				

MONTHLY INCOME

<u>DEFENDANTS:</u>	SPOUSE:
Earning:	Earnings:
Unemployment Benefits:	Unemployment Benefits:
	AFDC:
Social Security:	Social Security:
Disability:	Disability:
Veteran's Benefits:	Veteran's Benefits:
Child support:	Child support:
Total\$:	Total\$:
Total money in pocket \$:	Total money in pocket\$:
Do you (circle one): own rent live with anothe	r How much is your rent/ mortgage
YES/ NO	
Do you receive Housing Assistance? Savin	-
	gs account:Present
Balance\$:	
Are you ordered to/ do you pay child support:	Amount due\$:
	_ Amount of Payment \$:
Payment Plan starts date:	_
INITIAL BY EACH OF THE FOLLOWING STATEMENTS TO UNDERSTAND EACH STATEMENT, AND AGREE TO THE	O INDICATE THAT YOU HAVE READ EACH STATEMENT, E PAYMENT PLAN.
I understand that until my violation(s) are paid in full, telephone number(s) within five (5) business days of the charter	
I understand that at any time I am unable to meet a p to a date when the payment will be made.	payment that is due, I must contact the Court and advice it as
I understand that if I pay any or part of the fine, cost, was entered that a time payment fee of \$25.00 per violation	or restitution (if applicable) on or after the 31 st day judgment will be added.
I understand that if any payment is missed or not ma restitution will be due in full or I will be turned over to warrar	
I understand that if this payment plan is for violations to plan, and there are no extension.	in warrant statutes that all payments must be made according
I understand that if this payment plan is for violation is being void and I will be on the arrest list till paid in full.	n warrant statutes, any missed payments will result in plan
I understand the Court does not send payment reminaccording to plan.	ders and that I am responsible for making payments
The City of Tom Bean will verify this information for truthfuln employers, relatives, and references. Failure to provide truth Court and the defendant may be directed to return the Court and the defendant may be directed to return the Court and the the Court a	nful information will be considered non-cooperation with this
result in the issuing of a warrant for your arrest.	
Defendant's Signature Defendant	's Print Date
Sworn and subscribed before me this day o	of, 20
	(Judge) (Court Clerk) (Deputy Court Clerk)
	(Judge) (Journ Jierk) (Deputy Journ Jierk)